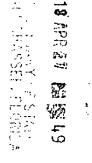
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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April 18, 2018

DANIEL AGUIAR DE MELO 4438 OLD SYCAMORE LOOP WINTER GARDEN, FL 34787 US

SUBJECT: MELO MANAGEMENT LLC

Ref. Number: L16000184969

We have received your document for MELO MANAGEMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 218A00007896

RECEIVED

MIRAPR 27 PH 1: 25

DEPARTMENT OF STATE

DIVISION OF CORPORATE

DIVISION OF CORPO

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	le Managem Name of Lim	ent LLC	<u></u>
	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel	A. Melo Name of Person	
		gament LLC Firm/Company	
	4438 OLD	Sycamore Lo Address	ορ
	Winter Gard	City/State and Zip Code  055@gmaif. to be used for future annual report notifi	787
	daniel . E-mail address: (	055@ gmail. to be used for future annual report notif	Comication)
For further information co	oncerning this matter, please c	all:	
Danie	el helo	at (407) 501 Area Code Daytime	9360
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Melo M	anageme	as it now appears on our politity Company)				
(Name of the Limited	Liability Company A Florida Limited Lial	as it now appears on our polity Company)	records.)		-	
The Articles of Organization for this Limited Lial Florida document number		ere filed on $M_{QY}$	12,2018	and a	ıssigned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabilit	y company here:				
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company " the designation	"I I C" or the abb	reviation	"LLC"	_
Enter new principal offices address, if applical		company, the designation			<b>8</b>	<u></u> .
(Principal office address MUST BE A STREET	ADDRESS)				्राष्ट्र विद्य	
Enter new mailing address, if applicable:	-			<u> </u>		<del>-</del> , ,
(Mailing address MAY BE A POST OFFICE I	<u>OX)</u>			) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	64	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here:					
Name of New Registered Agent:	Aguiar &	le Melo I Id Sycamove Enter Florida street. Charden City	)aniel			
New Registered Office Address:	4438 0	Enter Florida street	LOOρ address			—
	Winter	Garden City	_, Florida	347 Zip Cod	8 7- de	
New Registered Agent's Signature, if changing Re						

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending or removed	g Authorized Person(s) authorized to r from our records:	nanage, <u>enter the title, name, and</u>	d address of each person being ad
MGR = M AMBR = A	lanager authorized Member		
<u>Γitle</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00